

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Committee for Maryland's Progress		FEC IDENTIFICATION NUMBER ▼ C C00592683	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Blue Engine Message & Media			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 08 / 2016		
Mailing Address 1140 Connecticut Ave NW Ste 800			Amount 17142.86		
City Washington	State DC	Zip Code 20036-4010	Transaction ID : VQZT2A7M6G7		
Purpose of Expenditure Estimated Cost for Canvassing Services 4/8-4/19		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 21 / 2016		
Name of Federal Candidate CHRIS VAN HOLLEN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MD		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Blue Engine Message & Media			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 20 / 2016		
Mailing Address 1140 Connecticut Ave NW Ste 800			Amount 10000.00		
City Washington	State DC	Zip Code 20036-4010	Transaction ID : VQZT2A7M6H4		
Purpose of Expenditure Estimated Cost for Canvassing Services 4/20-4/26		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 21 / 2016		
Name of Federal Candidate CHRIS VAN HOLLEN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MD		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	27142.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nicholas Leonardi

[Electronically Filed]

Date

MM / DD / YYYY
04 / 21 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Committee for Maryland's Progress		FEC IDENTIFICATION NUMBER ▼ C C00592683	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee H&W Printing		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 22 / 2016	
Mailing Address 3616 Oak Ln		Amount 3454.54	
City Mount Rainier	State MD	Zip Code 20712-2128	Transaction ID : VQZT2A7KQ41
Purpose of Expenditure Printing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2016	
Name of Federal Candidate CHRIS VAN HOLLEN		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought 592319.85		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Petel & Company		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 21 / 2016	
Mailing Address 1101 14th St NW Ste 1210		Amount 65006.09	
City Washington	State DC	Zip Code 20005-5637	Transaction ID : VQZT2A7JZS5
Purpose of Expenditure Direct Mail Services	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 20 / 2016	
Name of Federal Candidate DONNA FERN EDWARDS		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought 592319.85		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	68460.63
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	95603.49

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nicholas Leonardi

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Date

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04 / 21 / 2016

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